

2009-2010 MEDICAL AND SURGICAL WAIVER



Windwood Presbyterian Church

10555 Spring Cypress Road Houston, TX 77070 281-378-4040 281-378-4041 (fax)

Instructions:

The 2009/10 Medical and Surgical Waiver will apply to all youth and college events, trips, and projects from September 1, 2009 through August 31, 2010. Its intent is to give Windwood Presbyterian Church an adequate, current and useable record of each student's medical information, and to provide hospitals information they may need to have, including permission, in the event that any student needs medical attention.

Please be accurate and complete with each answer. It is the responsibility of the parent or guardian to keep this information current, i.e., to update the information in the event of any change or additional information, which may need to be added. **Please have your signature(s) notarized.** Many hospitals require notarization. (A notary is available at the church at no charge!)

Personal Information:

Participant's Name _____ Birth date _____

Spouse Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Parent/Guardian E-mail address: _____

Medical Information:

Family Physician _____ Phone _____

List below (or write "none"), any physical defects or conditions that the participant has such as allergies, asthma, nervousness, headaches, dysmenorrheal, etc. Please be complete, even if you do not currently consider any such condition significant. Should the participant require medical attention at any time, list any special instructions (or write "none") which the participant might require such as being allergic to penicillin, having a rare blood type, etc. Again, please be complete, even if you do not consider any such allergies or conditions significant. (Our goal is to be complete so that, in the event care or treatment is needed, all known information will be available. Current Immunization (give date, or write "none"):

Tetanus _____ Polio _____

Medical Insurance: (Attach a copy (front & back) of the medical insurance card)

Company Name _____

Policy/Group Number _____ Phone _____

Check here if participant has NO Medical Insurance []

Waiver:

To be filled out by parents or legal guardians of participant under 18 years of age.

I, _____ the parent and /or legal guardian of _____

A minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with Windwood Presbyterian Church of Houston, Texas, in which he/she, with approval, registers to participate.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to Windwood Presbyterian Church staff, its representatives, and/or the sponsors and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances, I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Windwood Presbyterian Church or its representatives, and sponsors, and any attending physician, from any and all actions and causes of actions, related risks and damages, including injuries and damages arising from their individual, joint, or concurrent negligence, injuries damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing transportation from the event location should it be necessary for disciplinary reasons.

Parents' or Legal Guardians' Signature(s):

_____ Date _____

Printed

_____ Date _____

Signature

On this day personally appeared _____, who is/are personally known to me and acknowledge to me that he/she/they is/are the parent(s)/legal guardian(s) of _____ and that he/she/they executed this Medical and Surgical Waiver for the purposes of allowing the named student to participate in church activities and to allow Windwood Presbyterian Church, its staff, and sponsors to make decisions to obtain medical care should it become necessary and proper, in their sole discretion, during such activities.

Sworn and subscribed before me on this the _____ day of _____ 200__.

Notary Public in and for the State of Texas